CASE REPORTS

Anal Herpes with Generalized Varicelliform Eruption

Report of a Case

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ALTHOUGH the occurrence of generalized varicelliform eruption with herpes zoster has been discussed previously, the case here reported is noteworthy because of unusual distribution of the herpetic lesion over the perineal region. Blank and Best[1] stated that herpes zoster involves the sacral nerves in less than 2 per cent of cases. In the present case, anal localization of the painful eruption led to the initial impression that the patient had a proctologic lesion, such as rectal abscess or anal fistula.

CASE REPORT

A 54-year-old dentist entered the Franklin Hospital, San Francisco, with complaint of a steady rectal pain which had increased in severity over a period of seven days.

At the onset there was dull steady pain in the rectum which was exacerbated by defecation. No significant alteration in the bowel habit occurred, and the stools were negative for gross blood or pus. The pain became more severe and was described as lancinating in quality at times. Dysuria, which consisted of burning, localized to the left side of the urethra, was present on the second day. On the third day, sharp pain radiated down the posterior aspect of both legs to the heels. It became steady and severe, and was exacerbated by ambulation.

The patient consulted a physician who noted no abnormality in a proctoscopic examination. On the following day, five days after onset, the oral temperature was 100°F., and the patient noted an erythematous patch, 8 by 4 cm. in size, to the left of the anal margin. Fearing rectal abscess, the patient ingested 3 gm. of aureomycin in a period of 36 hours. The temperature became normal, but because of the unrelenting pain, the patient entered the hospital on the seventh day.

The patient had not had varicella as a child, and had not known recent contact with this disease.

Upon physical examination a diffuse semicircular patch of erythema was noted, starting sharply at the midline adjacent to the anal margin and extending laterally to the left, approximating the sensory distribution of the fourth and fifth left sacral nerves. There were 12 vesicles of about 5 mm. in diameter, and the entire area was moderately tender. Digital and proctoscopic examination was performed without difficulty, but no further abnormality was observed. Except for palpatory tenderness of both heels, the remainder of the physical examination was negative. The blood and urine were normal, no abnormality was noted in an x-ray film of the chest, and the result of a Wassermann test was negative for syphilis.

A tentative diagnosis of herpes zoster was made, and local therapy and oral analgesics were given. Although the patient felt more comfortable, the temperature rose to 100°F. The following morning there were several erythematous papular lesions on the trunk which did not follow a specific nerve distribution. Later in the day the patient complained of generalized myalgia, anorexia and moderate frontal headache. Several new papules had appeared on the perineum and scrotum. Aureomycin was given orally, 250 mg. every four hours. Four hours later the patient was more uncomfortable and the temperature was 102.2°F. The previously noted papular lesions had become vesiculated and about 50 new erythematous papules on the trunk had appeared.

During the ensuing 48 hours the patient became afebrile and the papular exanthem faded rapidly without vesiculation, in contrast to the lesions present before administration of aureomycin. The primary herpetic lesion was involuting, and the severe pain had disappeared on the fifth hospital day. The dosage of aureomycin was reduced to 250 mg. every six hours. The patient remained afebrile for the next three days and aureomycin was discontinued. There were no remaining symptoms except for pruritus ani, which cleared completely in the ensuing week.

DISCUSSION

Le Feuvre[6] in a survey of the *British Medical Journal* from 1913 to 1927 found reports of 35 cases of herpes zoster followed within one to four days by a varicelliform eruption. Cipollaro[2] reported cases followed in five days by generalized vesicular eruption. Valentine[8] described the case of a 54-year-old male who had pain with a segmental vesicular eruption on the back and right arm. This was followed the next day by a fever of 102°F. and the characteristic rash of chickenpox over the trunk which cleared shortly without complication.

Sprecher,[7] in commenting on the rarity of anoperineal involvement with herpes zoster, stated that the eruption becomes increasingly rare as lower segments along the spinal axis are affected. He described a case similar to that of this report, characterized by severe anal pain spreading to the buttocks and thigh with regional adenopathy and closely following perineal rash which was mistaken for eczema.

In the present case the pruritus ani may have been a postherpetic manifestation or, as Harris[5] suggested, may have been caused by aureomycin. Harris described anal fissuring and bleeding in two female patients, and anal itching and burning in one male patient who had received aureomycin. It was felt that the anal symptoms could have been caused by interruption of the synthesis of vitamin B complex by the intestinal flora or by an overgrowth of Monilia albicans following the suppression of normal enteric bacteria by aureo-

mycin. It is possible that one or both of these factors accounted for the pruritus in the case here reported. The rapidity with which the generalized eruption and fever disappeared suggests response to aureomycin, although the authors have observed several cases in which herpes zoster subsided spontaneously within a similar period.

SUMMARY

A case of herpes zoster with unusual distribution over the perineal region is reported. A generalized varicelliform eruption followed soon after the initial lesion and cleared without complication while the patient was receiving aureomycin.

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REFERENCES

1. Blank, H., and Best, J.: A case of herpes zoster with unusual distribution, Urol. & Cut. Rev., 50:411, July 1946.

2. Case, R. B.: Aureomycin in the treatment of herpes zoster, Calif. Med., 71:214, Sept. 1949.

3. Cipollaro, A. C.: Herpes zoster accompanied by generalized vesicular eruption, Med. Jour. & Rec., 134:182-185, Aug. 1931.

4. Dawson, L. M. and Simon, H. C.: Herpes zoster: Treatment with chloramphenicol, South. M. Journal, 42:696-697, Aug. 1949.

5. Harris, H. J.: Aureomycin and chloramphenicol in brucellosis, J.A.M.A., 142:161-165, Jan. 21, 1950.

6. Le Feuvre, W. P.: Herpes zoster and varicella, Brit. Med. Jour., 2:549, Sept. 1928.

7. Sprecher, A., Jr.: Herpes analis, Dermat. Wchnschr., 107:1376-1377, Nov. 1938.

8. Valentine, J. J.: Herpes zoster and varicella, N. Zeal. M.J., 46:538, Dec. 1947.

Rat Bite Fever — Response to Streptomycin Therapy

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AN acutely ill five-month-old male Mexican baby was admitted to the Communicable Disease Unit of the Los Angeles County Hospital. The baby had been well from birth until five days previously when he was bitten by a rat on the right little finger. Two days later he became febrile and very irritable.

On admission to the hospital the patient had a temperature of 103.8° F., a pulse rate of 150, and respiratory rate of 36. There was a healing abrasion on the right fifth finger, and a few macules scattered on the trunk, but no other findings. Leukocytes numbered 14,000 with 55 per cent polymorphonuclears and 45 per cent lymphocytes. The hemoglobin content was 6 gm. per 100 cc. The urine and spinal fluid were normal. Blood was taken for culture and routine agglutinations.

The subsequent course in the hospital was stormy. The temperature was "septic," with peaks to 104.6° F. Special nursing care was provided and a blood transfusion was given on the second hospital day. On the third day pronounced painful swelling of all fingers and toes developed and there was a fine maculopapular eruption on the trunk and extremities. On the fifth day an organism grown on the blood culture was identified as Streptobacillus moniliformis. The baby was then treated with streptomycin—an initial dose of 0.5 gm. followed by 0.25 gm. every four hours.

The response was striking. Temperature dropped to normal within 24 hours and stayed so. The toxic manifestations, arthritis, and rash rapidly disappeared. The baby was given 1 gm. of streptomycin daily for one week and then discharged from the hospital, cured.

SUMMARY

The clinical picture of the case of rat bite fever (Haverhill fever) presented here was typical: Rat bite, "septic" fever, rash and arthritis. The Streptobacillus moniliformis was identified on a culture of blood. There was striking response to streptomycin therapy.

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